



**School District of Hillsborough County Volunteer Application**

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**References: Please list four persons who know you well and would be in a position to evaluate your qualifications and ability to be a mentor. Do not list relatives; significant others or those you have known less than two years. One of the references should have known you for at least five years and the others for at least two years. If you have been employed at your current place of employment for at least six months, list your supervisor as one of your references.**

**1.**

<b>Name</b>		<b>Address</b>		
( )	( )	( )	( )	( )
<b>Telephone:</b>	<b>Home</b>	<b>Work</b>	<b>Fax</b>	<b>Years known</b>

**2.**

<b>Name</b>		<b>Address</b>		
( )	( )	( )	( )	( )
<b>Telephone:</b>	<b>Home</b>	<b>Work</b>	<b>Fax</b>	<b>Years known</b>

**3.**

<b>Name</b>		<b>Address</b>		
( )	( )	( )	( )	( )
<b>Telephone:</b>	<b>Home</b>	<b>Work</b>	<b>Fax</b>	<b>Years known</b>

**4.**

<b>Name</b>		<b>Address</b>		
( )	( )	( )	( )	( )
<b>Telephone:</b>	<b>Home</b>	<b>Work</b>	<b>Fax</b>	<b>Years known</b>

**List previous work with youth or other volunteer activities:**

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**Have you ever applied to become a mentor before? If yes, When?**

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**Where? With whom?**

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<p><b>FOR OFFICE USE ONLY:</b> _____ New Volunteer _____ Returning Volunteer</p> <p><b>Background Check:</b> <input type="checkbox"/> N/A <input type="checkbox"/> Record Found <input type="checkbox"/> No Record</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>School # _____ Name _____</p> <p>Interview by _____</p> <p>Was this a district office referral? Yes _____ No _____</p> <p>Volunteer placed? Yes _____ No _____ Date _____</p> <p>Training provided by: _____</p> <hr/> <p><b>Volunteer withdraw/Termination Date</b> _____</p> <p><b>Reason:</b> _____</p>
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